



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 26, 2020

Liz Kimberly Vidana  
Prime Residential Care LLC  
496 E Lovell Dr  
Troy, MI 48085

RE: Application #: AS630403736  
**Prime Residential Care**  
**496 E Lovell Dr**  
**Troy, MI 48085**

Dear Ms. Vidana:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403736
<b>Licensee Name:</b>	Prime Residential Care LLC
<b>Licensee Address:</b>	496 E Lovell Dr Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 797-4536
<b>Administrator/Licensee Designee:</b>	Liz Kimberly Vidana
<b>Name of Facility:</b>	Prime Residential Care
<b>Facility Address:</b>	496 E Lovell Dr Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 797-4536
<b>Application Date:</b>	03/02/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

03/02/2020	On-Line Enrollment
03/02/2020	On-Line Application Incomplete Letter Sent 1326 & RI030 for Liz, AFC100 for Liz & Susana
03/03/2020	Inspection Report Requested - Fire
03/03/2020	Contact - Document Sent Fire Safety String, 1326, RI030 & AFC100
03/23/2020	Contact - Document Received 1326 & RI030 for Liz, Susana, Darren
03/23/2020	Contact - Document Received AFC100 for Liz
05/07/2020	Contact - Telephone call received Received call from applicant requesting to switch to a small group home
05/12/2020	Contact - Document Received Licensing file received from Central office
06/30/2020	Application Incomplete Letter Sent
10/06/2020	Application Complete/On-site Needed
10/07/2020	Inspection Completed-BCAL Sub. Compliance
10/08/2020	Application Incomplete Letter Sent
10/22/2020	Inspection Completed-BCAL Full Compliance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

**A. Physical Description of Facility**

Prime Residential Care is a large ranch located in the City of Troy, Michigan in Oakland County. The neighborhood is characterized with similar structures. The facility is located within two miles of convenient neighborhood shopping outlets and strip malls in the area. The home has four bedrooms. In addition to the bedrooms, the home has a kitchen, dining room, living room and a multi-purpose room. There are three bathrooms to accommodate the residents and staff. The home is wheelchair accessible and has two approved means of egress that is equipped with a ramp from the first floor. Prime Residential Care is served by city water and sewage disposal system.

The furnace is in the crawl space and the hot water heater is in the utility/laundry room with adequate fire safety enclosure. A 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware is adequate fire separation. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 x 9.11	99.2	1
2	13.03 x 11.02	148	2
3	13.05 x 11.01	149	1
4	11.11 x 14.0	167	2

**Total capacity: 6**

The indoor living, dining and multi-purpose areas measure a total of **490** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

**B. Program Description**

Ms. Vidana intends to provide 24-hour supervision, protection, and personal care to **6** male and/or female residents who are aged, physically handicapped, or who have Alzheimer’s Disease or related conditions. The program will include social interaction, personal adjustment, and public safety. Ms. Vidana intends to accept residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance the quality of life of residents. Ms. Vidana intends to utilize Visiting Physician Associates.

### **C. Applicant and Administrator Qualifications**

Ms. Vidana has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment. Ms. Vidana owns her own business.

The applicant is Prime Residential Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 01/15/2020. Ms. Vidana submitted an annual budget projecting expenses to demonstrate the financial capability to operate this adult foster care facility.

The members of Prime Residential Care, L.L.C. have submitted documentation appointing Liz Vidana as licensee designee and the administrator of the facility.

Criminal history background check of Ms. Vidana was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Vidana submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Vidana has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Vidana is a registered nurse with 12 years’ experience in healthcare. She has over 7 years of experience in geriatric care and specializes in memory care population.

The staffing pattern for the original license of this **6-bed** facility is adequate and includes a minimum of 2 staff for 6 residents per shift. Ms. Vidana acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Vidana has indicated that direct care staff will be awake during sleeping hours.

Ms. Vidana acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Vidana acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Vidana acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Vidana acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, Ms. Vidana has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Vidana acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Vidana acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Vidana acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Vidana acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Vidana acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Vidana acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Vidana acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents personal money transactions that have been agreed to be managed by the applicant.

Ms. Vidana acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Vidana indicated the intent to respect and safeguard these resident rights.

Ms. Vidana acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Vidana acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.


Ms. Vidana acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this AFC adult small group home capacity of 6.



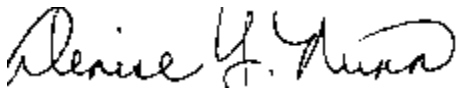
10/26/2020

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Frodet Dawisha  
Licensing Consultant

Date

Approved By:



10/26/2020

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Denise Y. Nunn  
Area Manager

Date